

John R. Ashcroft Secretary of State  
 2019-2020 BIENNIAL REGISTRATION REPORT  
 NONPROFIT

**N00044461**  
**Date Filed: 5/15/2019**  
**John R. Ashcroft**  
**Missouri Secretary of State**

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY:	<u>8/31/2019</u>	ORGANIZED UNDER THE LAWS OF: <b>Missouri</b>
		PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *  1      9825 rich keen court      (Required)
STREET <b>St. Louis MO 63126</b>		
CITY / STATE ZIP		

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.  <input type="checkbox"/> The new registered agent _____ <b>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</b> <input checked="" type="checkbox"/> The new registered office address <b>9825 rich keen court St. Louis MO 63126</b> <b>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</b>
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3	<b>OFFICERS</b> NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u> <b>PRESIDENT</b> Pearson, Vance STREET 1727 ciera ridge court south CITY/STATE/ZIP St Charles MO 63303 <b>SECRETARY</b> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011 STREET CITY/STATE/ZIP STREET CITY/STATE/ZIP	<b>A</b>	<b>BOARD OF DIRECTORS</b> NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u> <b>NAME</b> Stahl, Don STREET 2879 Johnston ridge CITY/STATE/ZIP Festus MO 63028 <b>NAME</b> pearson, vance STREET 1727 ciera ridge ct south CITY/STATE/ZIP st charles MO 63303 <b>NAME</b> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011 <b>NAME</b> STREET CITY/STATE/ZIP	<b>B</b>
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED				

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *			
<input type="checkbox"/> Authorized party or officer sign here		Vance Pearson	(Required)	
Please print name and title of signer:		Vance Pearson	/	President
NAME		TITLE		

REGISTRATION REPORT FEE IS: ___\$20.00 If filed on or before 8/31/2019 ___\$25.00 If filed after 9/30/2019  Corporation will be administratively dissolved if report is not filed by 11/29/2021	/	<b>WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE</b>  E-MAIL ADDRESS (OPTIONAL): _____
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